

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76	/					
27							77		/				
28							78		/				
29							79		/				
30							80		/				
31							81		/				
32							82		/				
33							83		/				
34							84		/				
35							85		/				
36							86	/					
37							87		/				
38							88		/				
39							89		/				
40							90		/				
41							91		/				
42							92		/				
43							93		/				
44							94		/				
45							95		/				
46							96		/				
47							97		/				
48							98		/				
49							99		/				
50							100		/				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

CLAIMS

SERIAL NO.

09/730790

FILING DATE

06 MAR 2001

APPLICANT(S)

Didriksen

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		2				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54	1					
55		1				
56	1					
57		1				
58		2				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70	1					
71		1				
72		1				
73	1					
74		1				
75	1					
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		2						51					
2		2						52					
3		2						53					
4		2						54					
5		2						55					
6		2						56					
7		2						57					
8		2						58					
9		2						59					
10		2						60					
11		2						61					
12		2						62					
13		2						63					
14		2						64					
15		2						65					
16		2						66					
17		2						67					
18		2						68					
19		2						69					
20		2						70					
21		2						71					
22		2						72					
23		1						73					
24		1						74					
25		1						75					
26		2						76					
27	1							77					
28		1						78					
29	1							79					
30		1						80					
31	1							81					
32		1						82					
33		1						83					
34		1						84					
35		1						85					
36		1						86					
37		1						87					
38		1						88					
39		1						89					
40		1						90					
41		1						91					
42		1						92					
43		1						93					
44		2						94					
45	1							95					
46		1						96					
47		1						97					
48	1							98					
49		1						99					
50	1							100					
TOTAL IND.	6							TOTAL IND.					
TOTAL DEP.	67							TOTAL DEP.					
TOTAL CLAIMS	73							TOTAL CLAIMS					